

## Questions and Answers

### Community Access Training and Overview Webinar

Conducted August 13, 2015

\*\*\*\* Please note – questions are taken from and phrased by participants of the webinar. \*\*\*\*

#### General Community Access Questions

Q: If we have questions later, who should they be addressed to?

A: Please submit questions via the Supports for Community Living (SCL) Waiver Branch Website located here <http://dbhdid.ky.gov/ddid/scl.aspx> . Go to 'Related Links' then choose 'Submit an SCL 2 Question.'

Q: What is billable and not billable with community access? Transportation, meal time, etc?

A: This is not a black and white area. The amount of time the Community Access Specialist spends working directly with the individual is billable as long as they are working towards an outcome identified in the plan of care; AND they are working towards making connections and developing meaningful relationships with other members of the community (the definition of Community Access.) It is the responsibility of the Community Access Specialist to provide sufficient detailed information in the contact and monthly summary notes to determine that both conditions above have occurred.

There are examples of billable services found in the College of Direct Support (CDS) training module titled *DDID CA – Community Access Training. Lesson 4 – Documentation* provides examples of contact notes and a monthly summary note. There are additional examples of billable services found in the KY DSP-SCA Credential Application found here <http://dbhdid.ky.gov/ddid/documents/scl/DSP-SCA-ApplicationPacket.pdf> . In this application,

examples can be found in column 2 of the *Community Access Competencies and Skills Form* on pages 10 through 30 of the Credential Application.

Q: Is the YMCA an acceptable location for a CA (Community Access) service if the client's goal is to join and use a community resource in which they can get exercise? If not, how is this in keeping with 907 KAR 12:010 Section 1(13)2 and Section 4(5)(h)?

A: The YMCA is acceptable if there is some specific group activity the person is involved with which is designed to lead towards becoming connected and developing meaningful relationships with others in the community. The term 'membership' does not simply mean joining an organization or holding a membership card. Membership should be thought of more broadly. The person could become a valued member of a particular group doing water aerobics or an unofficial team playing basketball (for example) at the YMCA. This would be acceptable. Community Access is not about going to a particular location or using any one specific community resource. The intent of Community Access is to develop meaningful relationships and connections with other community members and developing valued roles where the person is seen as an important member of the group that would likely be missed if they did not show up.

More information about membership, and meaningful routines and events can found in the College of Direct Support (CDS) training module titled *DDID CA – Community Access Training*.

Q: If my client has a seizure disorder with a VNS device, can she have community access since she is unable to be left unattended?

A: Yes. Some people may always need someone with them. Community Access is not designed to provide ongoing support. The role of the Community Access Specialist is to assist the person in making connections and developing meaningful relationships with other people in the community. Once those connections and relationships are established, ongoing support should be provided by natural supports, volunteers, residential, day training, personal assistance, etc.

Q: If we have clients who would like to receive the service but they are not able to be left alone in the community due to medical necessity, what would the parameters be for these clients?

A: People with medical needs should have the same access to the service as any other individual. Some people may always need someone with them. Community Access is not designed to provide ongoing support. After connections are established by the person with the assistance of the Community Access Specialist, ongoing support should be provided by natural supports, volunteers, residential, day training, personal assistance, etc.

Q: When working with State Guardians, we are finding that they are reluctant to allow for unsupervised time for their individuals where they learn more on their natural supports and the CAS (Community Access Specialist) backs away over time. What strategies would you recommend?

A: The person centered team, including the guardian, should come together from the beginning to understand the intent of Community Access and the potential benefits. The case manager, with assistance from the Community Access provider, should ensure guardians have as thorough an understanding of Community Access as possible. This includes (but it not limited to) understanding that ongoing support can be provided in a variety of ways including the use of natural supports, volunteers, residential, day training, personal assistance, etc. Natural supports are not the only source for ongoing supports. Guardians have an enormous responsibility. Working with the team to alleviate some of the uncertainties from the beginning, and then often throughout the process can be helpful; i.e. developing a very thoughtful and strategic plan for implementing Community Access from the beginning, make sure to showcase the successes the person has made in connecting with others along the way, assisting the person in advocating for themselves with their guardian, etc.

Guardians may also benefit from viewing the *DDID CA- Community Access Training* module. For people who do not have access to College of Direct Support (CDS), this training module can be

accessed and viewed at the following website

<http://content.elsevierperformancemanager.com/Content/KY406/DDID%20Recordings.pdf> .

Scroll down towards the bottom of the page and look under Community Access Training. There are four (4) lessons with a separate link to each lesson.

Q: Is Community Access limited to one outcome to find a natural support? Can a participant have two different outcomes trying to find natural supports in different places or in different activities in the community?

A: Community Access is not limited to developing natural supports. Community Access should provide support and training to assist the person in developing a network of natural supports so that the person can participate in meaningful routines or events; and become a member of a group, club, association, church, business, or organization in the community. The Community Access Specialist should assist in the development of personal social networks, making a connection to a group, friendships, and relationships for the person. Community Access can work towards more than one outcome if those outcomes are: chosen by the person; identified in the Plan of Care; AND if those outcomes are designed to develop relationships, connections and belonging in a group.

Additional information about outcomes and Community Access is provided in the *DDID CA-Community Access Training* module. This module is located in the College of Direct Support (CDS) and should be assigned by the agency's CDS sub-administrator.

Q: Still concerned with the rate decreased for Community Access proposed in the new regulations.

A: The waiver regulation 907 KAR 12 020 filed on August 13, 2015, indicates that the rate for Community Access is unchanged.

Q: Is it ok for an agency to have someone provide both case management AND community access?

A: No. Case Management must be conflict free of other services.

Q: Does a degree in Divinity count as a “human service” degree?

A: No. Section 1. (39) of the Supports for Community Living (SCL) regulation states: "Human services field" means psychology, behavioral analysis, counseling, rehabilitation counseling, public health, special education, sociology, gerontology, recreational therapy, education, occupational therapy, physical therapy, speech therapy, social work, or family studies.

Q: Is there resource information available for a proper fade out plan for community access outcome goal?

A: The Plan of Care should include steps to decrease the service as the person becomes more independent in becoming part of the community. These steps to decrease the service (fade out plan) must be specific to the individual. This might include (but is not limited to) listing specific criteria or conditions which the team believes will demonstrate that the person has made the desired connection or formed a meaningful relationship with someone from the community, i.e. how will the team know a relationship or a connection has been established with a community member, etc? Once this connection is established with the assistance of the Community Access Specialist, the team should determine: how ongoing supports should be delivered; how to transition from the Community Access Specialist to ongoing supports provided by natural supports, volunteers, residential, day training, personal assistance, etc; what is the role of the Community Access Specialist and other natural or paid supports during this transition; how long does the team anticipate this transition should last; etc.

Q: Is there a limit to how many times CA (Community Access) services will be extended for an individual if they still need staff support? How long is CA (Community Access) expected to last before the fade out? How long can an individual receive CA (Community Access)?

A: There is no limit, but the service being provided must meet the service definition. The Community Access Specialist is not to be used for ongoing care that is needed. The role of the

Community Access Specialist is to assist in developing meaningful relationships and making connections with others in the community. Once these connections are established, ongoing support should be provided by natural supports, volunteers, residential, day training, personal assistance, etc. The length of time a person may receive Community Access is specific to each person.

Q: When the natural support is established and the Personal Assistance takes over as needed, how does Community Access provider ensures that the FHP (Family Home Provider) or Residential Provider continues the established natural support?

A: Once the connection is established and the Community Access Specialist is no longer needed, it is the responsibility of the person centered team to ensure the person continues to have this experience as long as they desire. The case manager should monitor and ensure that this continues.

Q: Clarify that this is an impact service and not expected to be a long term service.

A: Community Access is designed to be a 1:1 service with the person which focuses on making connections and the development of personal social networks. It is provided by a qualified Community Access Specialist whose role is to facilitate the development of these relationships and connections with others in the community. The impact is the establishment of a meaningful relationship or connection. Once that impact has been made (the relationship or connection has been established), the Community Access Specialist fades out and ongoing support should be provided by natural supports, volunteers, residential, day training, personal assistance, etc. Community Access is not designed to provide ongoing support.

Q: Are community access providers required to provide transportation or can the participant be driven to the location by another provider?

A: The appropriate mode of transportation should be decided by the team. This may include more than one (1) provider transporting the person. When possible, it makes sense to utilize the mode of transportation that will be used after the Community Access Specialist has faded out.

Q: Could you speak a little to what is expected of Community Access Group?

A: Community Access Group should only be used if the person invites a friend and this must be incorporated in the person centered plan of care for both participants. The expectation for Community Access Group would be the same in that the role of the Community Access Specialist is to facilitate connections and the development of meaningful relationships with members of the community.

Q: Can we expect that when the Person Centered Plan is approved, it will not be later questioned during review?

A: It is the provider's responsibility to ensure that Community Access is provided in accordance with the service definition. For example, the use of Community Access to encourage a person to attend a congregate Day Training Program is not in accordance with the service definition and would be addressed by DDID (Division of Developmental and Intellectual Disabilities) upon discovery.

Q: Can you compare the DDID (Division of Developmental and Intellectual Disabilities) definition with the regulation outline of the service – i.e. meaningful routine for example?

A: The *DDID CA – Community Access Training* module located in the College of Direct Support (CDS) discusses the definition as described in regulation but goes on to elaborate on some of the key concepts (including meaningful) and how to use those concepts. It provides examples of outcomes which Community Access may be successful in working towards. And, it gives some examples of what Community Access is, and is not.

Q: Community Access would be a goal for someone seeking some level of employment?

A: No. The intent of Community Access is to develop meaningful relationships and connections with other community members and developing valued roles where the person is seen as an important member of the group.

Q: Does CA (Community Access) supervisor need to be credentialed?

A: For requirements related to the qualifications of a Direct Support Professional Supervisor see 907 KAR 12:010 Section 1.(23)(a) thru (g). It is the responsibility of the agency to ensure each Community Access Specialist is supervised by someone who has a thorough understanding of the regulatory requirements and expectations related to Community Access, and that the service is provided in accordance with those regulations. It is recommended that all supervisors of Community Access Specialists complete the *DDID CA – Community Access Training* module located in the College of Direct Support (CDS).

Q: Can you make a listing of examples (specifics) what can be included as part of CA? Living in a more rural area makes for limited selections with this area.

A: The intent of Community Access is to develop meaningful relationships and connections with other community members and developing valued roles where the person is seen as an important member of the group. Sometimes it is helpful for the Community Access Specialist to start with the people in your life and think about what people do in your local community; i.e. where do people gather, what do people do for fun, how do people give back to their community, how do people spend their time when they are not working, etc? Rural communities are just as active and robust as more urban areas. It is often a matter of looking at things differently. Maybe the locals meet at the local diner for breakfast; help a neighbor repair their car or build a garage; share a garden and can their goods; feed the neighbors' chickens or horses when they are on vacation; gather at someone's garage and ride four



wheelers, attend little league or high school events; etc. Think about how these places and events might be used for cultivating relationships and connections for the people you support.

Q: There has been discussion about justification for amount of time, for example a statement that it is difficult to imagine that anyone would benefit from more than 4 hours/day. We would like more structure/clarification.

A: The amount of time necessary to successfully achieve an outcome is different for each person. It is the provider's responsibility to ensure that Community Access is provided in accordance with the service definition. This includes (but is not limited to) providing sufficient detail in all documentation to justify the amount of time requested and how that time will be used in achieving an outcome. This includes (but is not limited to) the plan of care narrative outlining the specific actions necessary to make progress towards an outcome; the plan of care narrative, contact notes, and monthly summary notes (Community Access notes and Case Management notes) provide sufficient detail to demonstrate that the service provided meets the service definition; Community Access contact notes provide sufficient detail to justify the amount of time spent in services; Community Access contact notes and monthly summary notes provide sufficient detail to connect the service provided to an outcome identified in the plan of care; contact notes and monthly summary notes (Community Access notes and Case Management notes) provide sufficient detail to demonstrate progress has been made and justification that additional time is warranted if necessary; etc.

Q: When an individual does not reach all of their goals in CA (Community Access), what sort of documentation is Medicaid looking for in order to renew the service?

A: If the person centered team determines that more time is necessary in order for the person to reach an outcome, more time can be requested. This request must include justification for whatever is being requested and must clearly identify why more time is needed and what the person hopes to accomplish with more time. Justification for additional Community Access units might include (but is not limited to) documenting what the person has already

accomplished, the next step in reaching the outcome, identifying any problems which may have slowed the progress in reaching the outcome, how these problems might be solved, or discovery of a new outcome.

Additional information regarding the justification of additional time can be found in the *DDID CA – Community Access Training* module located in the College of Direct Support (CDS).

#### Questions specific to Community Access Training module in College of Direct Support

Q: How many modules for Community Access?

A: There is one (1) Community Access Training module in the College of Direct Support (CDS) which contains four (4) lessons. The title of the module is *DDID CA – Community Access Training*. The module must be assigned by the agency's CDS sub-administrator.

Q: Professional development – it can be used but demonstrating competency shouldn't be an issue right? Considering CDS (College of Direct Support) modules are competency based.

A: The *DDID CA – Community Access Training* module does not include tests; therefore the agency must follow its policies and procedures for demonstrating competency to receive credit for professional development. There is one (1) Community Access Training module in CDS (College of Direct Support) which contains four (4) lessons. If a staff member completes all four (4) lessons they are eligible for no more than two and one half (2 ½) hours of ongoing professional development.

Q: Just to make sure that I understand correctly, the professional development hours are to not exceed 2.5 hours for the CA (Community Access) modules?

A: The *DDID CA – Community Access Training* module does not include tests; therefore the agency must follow its policies and procedures for demonstrating competency to receive credit for

professional development. There is one (1) Community Access Training module in CDS (College of Direct Support) which contains four (4) lessons. If a staff member completes all four (4) lessons they are eligible for no more than two and one half (2 ½) hours of ongoing professional development.

Q: Since we are responsible for creating the Competency Tool for the CA (Community Access) Module, what will be accepted as measurement?

A: The module does not include tests; therefore the agency must follow its policies and procedures for demonstrating competency to receive credit for professional development. The most common format used in demonstrating competency is the use of a test.

Q: Do DSP's who are currently providing Community Access services have to take these modules?

A: No. The *DDID CA – Community Access Training* module is not currently required. It was developed at the request of providers to offer more information about Community Access. It is however recommended that all Community Access Specialist and their supervisors complete the module in addition to all Case Managers and Case Manager Supervisors. The module can be used as ongoing Professional Development hours.

Q: General Comment: We've been told by DDID QA (Division of Developmental and Intellectual Disabilities Quality Administrator) that each module outside those that are required, count as 1 hour. It would be helpful to know what each module can be counted regarding professional Development and hours.

A: There is one (1) Community Access Training module in CDS (College of Direct Support) which contains four (4) lessons. If a staff member completes all four (4) lessons they are eligible for no more than two and one half (2 ½) hours of ongoing professional development.

- Q: Summary is in 1<sup>st</sup> person – is Contact notes it 1<sup>st</sup> person – we use third person language.  
(Community Access Training module Lesson 4 – Documentation)
- A: It is acceptable to use either first person or third person when documenting Community Access.

Questions specific to Credentialing as

KY DSP-SCA (Direct Support Professional – Specialty in Community Access)

- Q: Is option C the same requirements as before or did that change too? The years of experience?

- A: Option C of the KY DSP-SCA (Direct Support Professional – Specialty in Community Access) is described in the KY DSP-SCA Credential Application Packet found here

<http://dbhddid.ky.gov/ddid/scl-training.aspx>

Options C requires: Completion of 1 year of experience in the field of intellectual/developmental disabilities, and submit a completed copy of the *Community Access Competency and Skills form* (pages 10 - 30 of the KY DSP-SCA application packet.)

- Q: Is there a deadline to get this credential?

- A: There are no deadlines to obtain a credential. However, it must be documented that the Community Access Specialist meets the qualifications prior to providing the service.

- Q: If someone has credentials from another state will it be taken into consideration?

- A: The following credential is acceptable for a Community Access Specialist;  
NADSP-Specialist in Inclusion (NADSP - National Alliance of Direct Support Professionals)

Q: Who needs this credential?

A: Under the current regulation (effective November 4, 2014) a Community Access Specialist must have: a bachelor's degree in human services; a bachelor's degree in any other field plus at least one (1) year of experience in the field of intellectual or developmental disabilities; at least four (4) years of experience in the field of intellectual or developmental disabilities; or a credential (KY DSP-SCA).

There are proposed changes in 907 KAR 12:010 to the qualifications for a Community Access Specialist. Those proposed changes are available for Public Comment through September 30, 2015. For more information please visit the KY DMS (Department for Medicaid Services) website at <http://www.chfs.ky.gov/dms/ordinary.htm>

Q: Do current Community Access Specialists need to be credentialed?

A: In order to provide Community Access under the current regulation (effective November 4, 2014) a Community Access Specialist must have: a bachelor's degree in human services; a bachelor's degree in any other field plus at least one (1) year of experience in the field of intellectual or developmental disabilities; at least four (4) years of experience in the field of intellectual or developmental disabilities; or a credential (KY DSP-SCA).

There are proposed changes in 907 KAR 12:010 to the qualifications for a Community Access Specialist. Those proposed changes are available for Public Comment through September 30, 2015. For more information please visit the KY DMS (Department for Medicaid Services) website at <http://www.chfs.ky.gov/dms/ordinary.htm>

Q: Is there a date in mind for when regulations will be passed to where non-degreed persons will have to be credentialed to do Community Access?

A: There are proposed changes in 907 KAR 12:010 to the qualifications for a Community Access Specialist. Those proposed changes are available for Public Comment through September 30,

2015. For more information please visit the KY DMS (Department for Medicaid Services) website at <http://www.chfs.ky.gov/dms/ordinary.htm>

Q: Is there still a year for year experience option?

A: Under the current regulation (effective November 4, 2014), one option to qualify as a Community Access Specialist is to have at least four (4) years of experience in the field of intellectual or developmental disabilities.

There are proposed changes in 907 KAR 12:010 to the qualifications for a Community Access Specialist. Those proposed changes are available for Public Comment through September 30, 2015. For more information please visit the KY DMS (Department for Medicaid Services) website at <http://www.chfs.ky.gov/dms/ordinary.htm>

Q: What would qualify towards the years of experience criteria for DSP to work in community access? Such as in a special needs room in a school?

A: Under the current regulation (effective November 4, 2014), one option to qualify as a Community Access Specialist is to have at least four (4) years of experience in the field of intellectual or developmental disabilities.

There are proposed changes in 907 KAR 12:010 to the qualifications for a Community Access Specialist. Those proposed changes are available for Public Comment through September 30, 2015. For more information please visit the KY DMS (Department for Medicaid Services) website at <http://www.chfs.ky.gov/dms/ordinary.htm>

Q: What will be the turnaround time for new applicants (KY DSP-SCA Credential Application) with receiving initial response?

A: When a credential application packet is submitted to DDID (Division of Developmental and Intellectual Disabilities) the credential candidate can expect a response within three (3) to six

(6) weeks from the date of submission. This response may include a request for additional information and/or a determination.